



Three Advisory Council Policy Recommendations

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Health Reform Framed Around Three Draft Messages

1. Providing and Protecting Affordable Health Insurance

	Consumer Council	Provider Council	Purchaser Council
Benefits Package	<ul style="list-style-type: none"> Support for a broad based benefit package, including pre-existing and chronic conditions, tailored to consider all populations and includes a prevention and portability component 	<ul style="list-style-type: none"> Support for comprehensive health insurance plans that support a variety of packages and a variety of costs and incorporate best practices into the purchasing of any health insurance plan to stretch available dollars 	<ul style="list-style-type: none"> Support for affordable benefit packages that are valued by targeted consumers
Small Businesses	<ul style="list-style-type: none"> Support for an equitable system of incentives to all businesses There should be no arbitrary cut-off for employers; all employers should be included in any health reform option regardless of whether they have previously offered coverage 	<ul style="list-style-type: none"> Support incentives for all small businesses as opposed to limiting incentives to only those small businesses that have not previously offered health coverage 	<ul style="list-style-type: none"> Align incentives to all small businesses regardless of whether they have previously offered coverage and to also align incentives to individuals in the target population Health reform measures should be designed to minimize subsidies to existing insured populations
Employer Responsibility	<ul style="list-style-type: none"> Mixed on the issue of employer responsibility with regard to requiring employer contributions to achieve health for all 	<ul style="list-style-type: none"> Recognition that to achieve health care for all Kansans employers should be required to contribute, considering the current employer-based model; however, is it practical in Kansas? 	<ul style="list-style-type: none"> Employer contributions should not be mandated to achieve health for all Kansans
Individual Responsibility & Affordability	<ul style="list-style-type: none"> Need for additional information before making a recommendation on individual responsibility with regard to how much an individual should pay for a health care plan and what constitutes an affordable health care plan 	<ul style="list-style-type: none"> Support for choices and individual ownership when determining what constitutes an affordable health plan for individuals and how much they should pay for a health plan 	<ul style="list-style-type: none"> Additional information is needed prior to making a recommendation on individual responsibility with regard to how much an individual should pay for a health care plan and what constitutes an affordable health care plan

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Health Insurance Connector	<ul style="list-style-type: none"> • Support for exploring more extensively a health insurance connector/exchange 	<ul style="list-style-type: none"> • Support for exploring more extensively a health insurance connector/exchange, along with support for exploring reinsurance 	<ul style="list-style-type: none"> • Opposition to replicating a Massachusetts model insurance connector, regardless of whether it would be voluntary or mandatory due to complexity and risk • Some interest in exploring elements of an information exchange model (clearinghouse)
Mandates – Individual & Employer	<ul style="list-style-type: none"> • Believe that all Kansans should have health insurance • To achieve health insurance coverage for all Kansans the Council members believe financial participation is required by individuals, employers, state and federal governments 	<ul style="list-style-type: none"> • Overall support for an individual health insurance mandate, but reservations and concerns regarding the impact on the current delivery system and the potential cost of comprehensive health insurance plans 	<ul style="list-style-type: none"> • Support for an individual mandate, but concerns and reservations regarding the practicality of such a requirement
Revenue Streams	<ul style="list-style-type: none"> • Provided that health reform efforts in Kansas address the rising costs of care and increases in health care expenses and the concern that 30 to 40% of every dollar spent in the US on health care is spent on overuse, underuse, misuse, duplication, etc. (according to a recent report), the general consensus was support for a general tax increase to fund health reform efforts, if needed. • More specifically, there was support for a tobacco tax increase 	<ul style="list-style-type: none"> • Recognition of inefficiencies in the current health care delivery system and the need to invest dollars in health reform efforts wisely to avoid unnecessary cost increases • Recognition that funding of health reform must be shared by individuals, employers, state and federal governments • Substantially increase Medicaid income eligibility guidelines, and expand Medicaid target populations 	<ul style="list-style-type: none"> • Requested that a survey be generated asking if there was support among Council members for an increase in the tobacco tax as a potential funding source for health reform. The survey triggered responses from 9 of the 15 Council members. The general consensus of the survey was support for a tobacco tax if used as a dedicated and sustainable financing mechanism for health reform

9/25/2007 – Final recommendations presented to the KHPA Board (blue font color denotes changes between Interim report as presented to the KHPA Board on 8/20/07 and Final report 9/25/07).

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2. Paying for Prevention and Primary Care

	Consumer Council	Provider Council	Purchaser Council
Healthy Lifestyles	<ul style="list-style-type: none"> Support increased physical and nutritional education activities in schools and ban smoking in public places when considering barriers that prevent Kansans from having healthy lifestyles 	<ul style="list-style-type: none"> Acknowledge that the challenges of having healthy lifestyles for Kansans exist at all levels, regardless of age, education or income 	<ul style="list-style-type: none"> Acknowledgement of limited options for low-income individuals and an absence of accountability for Kansans overall when considering barriers that prevent Kansans from having health lifestyles
Interventions	<ul style="list-style-type: none"> Education is a significant component of successful interventions and interventions can include both incentives and penalties, as appropriate for any given population (different conditions, based on individualized health potential, define the appropriateness of incentives and penalties). 	<ul style="list-style-type: none"> Interventions can be effective in improving health behaviors, based on successful experiences previously and currently implemented 	<ul style="list-style-type: none"> Successful interventions utilized to improve health behaviors within organizations currently include both “carrots” and “sticks”
Health Plan Benefit Designs to Incentivize and Reward Health	<ul style="list-style-type: none"> Health plan benefit designs should reflect life-style behaviors to incentivize and reward health, as appropriate for any given population 	<ul style="list-style-type: none"> Recognition that changes to be included in health plan benefit designs to incentivize and reward health need to address both the current health care delivery system and individual behaviors 	<ul style="list-style-type: none"> Consumer-driven incentives in health plan benefit designs may be an effective approach; however, meaningful change will only occur when individuals are accountable for their choices
Decrease Obesity and Tobacco Use	<ul style="list-style-type: none"> All sectors of society should be involved in the adoption of public policies to decrease obesity and tobacco use with a focus on education 	<ul style="list-style-type: none"> Support for policies that target children specific to obesity and tobacco use Consider reinstating premium differentials in health plans as policies are developed to decrease obesity and tobacco use overall 	<ul style="list-style-type: none"> All sectors of government should be involved in adoption of public policies to decrease obesity and tobacco use; health plans and insurers are not the only answer

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Health Plan Benefit Designs to Manage Chronic Disease	<ul style="list-style-type: none"> • Many consumers can not afford the cost of co-pays and deductibles and therefore chronic disease is not well managed, in addition to access concerns • Health plan benefit designs should encompass a full range of interventions, at all stages of chronic disease, throughout the life span. 	<ul style="list-style-type: none"> • Recognition that to better manage chronic diseases, health plan benefit designs should include health screen assessments, evidence-based practices, case management, disease management, and medication management options 	<ul style="list-style-type: none"> • Support for development of a statement to our federal delegation urging them to move forward on the design and implementation of a national, standardized format for health information technology and community health records
Patient-Centered Medical Home	<ul style="list-style-type: none"> • Support for a patient-centered medical home delivery system 	<ul style="list-style-type: none"> • Acknowledgement of the benefits of a medical home and how changes might be included in health benefit plan designs to drive the delivery of care to a patient-centered medical home 	<ul style="list-style-type: none"> • Incorporate tiered incentives (e.g. tiered co-pays) in health plan benefit designs to drive the delivery of care to a patient-centered medical home
Prevention Efforts – State’s Limited Resources	<ul style="list-style-type: none"> • Focus on prevention education for children, but also educate and empower parents 	<ul style="list-style-type: none"> • Focus prevention efforts on children and chronic disease management 	<ul style="list-style-type: none"> • Focus on young children and chronic diseases • Provide support to employers by creating and maximizing incentives for voluntary baseline prevention and wellness programs

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3. Promoting Personal Responsibility

	Consumer Council	Provider Council	Purchaser Council
Personal Responsibility	<ul style="list-style-type: none"> • Supports the notion of viewing health differently; as opposed to viewing health as the absence of disease the group prefers adopting policies that: 1) encourage Kansans to embrace behaviors that result in the highest level of individualized health potential, 2) encourage the use of individualized cost-effective health care services, and 3) promote contributions to the cost of health insurance, based on ability to pay 	<ul style="list-style-type: none"> • Support healthy schools and healthy workplaces • Encourage the use of cost-effective health care services by putting the buying power of health care services into the hands of individuals • Recognize the need for health care services to extend beyond 9:00 – 5:00 • Promote contributions to the cost of health insurance based on one’s ability to pay 	<ul style="list-style-type: none"> • Encourage community culture that creates safe places to live and play • Promote health care transparency to move toward a consumer-driven world • Support evidence-based medicine in health plans • Everyone should have some “skin in the game”



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